

## Club Registration Form

Athlete's name: \_\_\_\_\_ Date of Birth (Month/DD/YYYY): \_\_\_\_\_/\_\_\_\_/20\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Comments: \_\_\_\_\_

### Medical Release

Is your child taking any medications? Yes No

If Yes What Type: \_\_\_\_\_

Does your child have any medical conditions that might affect physical exercise? Yes No

If Yes What Type: \_\_\_\_\_

I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Insurance comp: \_\_\_\_\_ Policy number: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach.

A league/tournament representative where my child is playing.

I do hereby state that I have, to the best of my knowledge and belief, given a correct and accurate report. I understand and agree that if my child have any medical condition that it is my responsibility to check with physician for any contraindications with any foods, supplements, or exercise in this program. By agreeing these terms, I accept full responsibility for his/her health and acknowledge an understanding that no responsibility is assumed by Soccer Club Dava or their agents.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_/20\_\_\_\_



# YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: Soccer Club Dava City: Des Plaines State: IL

League Name: SC Dava

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLAYER'S MEDICAL INFORMATION

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: ( ) Bus Phone: ( )

Email Address: \_\_\_\_\_ Cell Phone: ( ) Receive texts?  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: ( ) Bus Phone: ( )

Email Address: \_\_\_\_\_ Cell Phone: ( ) Receive texts?  Yes  No

### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Name: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Please list player allergies: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: ( )

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relation to player:  Father  Mother  Guardian

# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What is a concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - > Work with their coach to teach ways to lower the chances of getting a concussion.
  - > Emphasize the importance of reporting concussions and taking time to recover from one.
  - > Ensure that they follow their coach's rules for safety and the rules of the sport.
  - > Tell your teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

### Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.



## How can I spot a possible concussion?

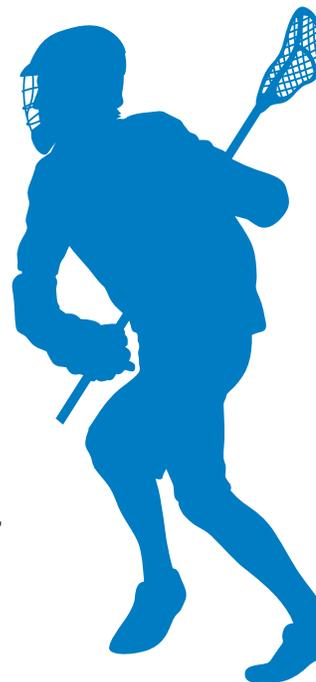
Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

### Symptoms reported by teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not “feeling right” or “feeling down”



# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

## What are some more serious danger signs to look out for?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body, and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if after a bump, blow, or jolt to the head or body he or she has one or more of these danger signs:



- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## What should I do if my teen has a possible concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



# HEADS UP CONCUSSION ACTION PLAN



## IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



## CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall



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